



Filing ID #10022825

# FINANCIAL DISCLOSURE REPORT

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## FILER INFORMATION

**Name:** Donna Shannon Pierce  
**Status:** Congressional Candidate  
**State/District:** SC04

## FILING INFORMATION

**Filing Type:** Amendment Report  
**Filing Year:** 2018  
**Filing Date:** 05/14/2018

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
Columbia Investments [5P] LOCATION: SC		\$15,001 - \$50,000	Tax-Deferred		
Lake Home [RP] LOCATION: Hiawasee, GA, US		\$250,001 - \$500,000	None		
New York Life [WU]		\$50,001 - \$100,000	None		
Vanguard 401K [MF]		\$50,001 - \$100,000	None		

\* For the complete list of asset type abbreviations, please visit <https://fd.house.gov/reference/asset-type-codes.aspx>.

## SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
New Ocean Health System	Salary	\$200,000.00	\$200,000.00
Brits Brothers Gym	spouse business	\$5,000.00	N/A

Source	Type	Amount Current Year to Filing	Amount Preceding Year

SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
	Sun Trust	October 2015	Home	\$100,001 - \$250,000

SCHEDULE E: POSITIONS

None disclosed.

SCHEDULE F: AGREEMENTS

None disclosed.

SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Source (Name and Address)	Brief Description of Duties
Spartanburg Regional Health System (Spartanburg, SC, US)	75 hours of Clinical Consulting

EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

**Trusts:** Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?  
☐ Yes ☒ No

**Exemption:** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?  
☐ Yes ☒ No

CERTIFICATION AND SIGNATURE

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

**Digitally Signed:** Donna Shannon Pierce , 05/14/2018